

PAGE 2 OF U.S.A. DECLARATION FORM

Typewritten Full Name
of Second Joint inventor:

**Inventor's Signature:
**Date of Signature:

Residence: Minato-ku
City

Citizenship: Japan

Post Office Address:
(Insert Complete mailing
address, including country)

Given Name <u>Hidetoshi</u>	Middle Initial <u>Y</u>	Family Name <u>Osafune</u>
Month <u>12</u>	Day <u></u>	Year <u>2-01</u>
State of Province <u>Tokyo</u>		Country <u>Japan</u>
c/o Fuji Xerox Co., Ltd., 1-20, Akasaka 6-chome, Minato-ku, Tokyo, Japan		

Typewritten Full Name
of Third Joint inventor:

**Inventor's Signature:
**Date of Signature:

Residence: City

Citizenship:

Post Office Address:
(Insert Complete mailing
address, including country)

Given Name	Middle Initial	Family Name
Month	Day	Year
State of Province		Country

Typewritten Full Name
of Fourth Joint inventor:

**Inventor's Signature:
**Date of Signature:

Residence: City

Citizenship:

Post Office Address:
(Insert Complete mailing
address, including country)

Given Name	Middle Initial	Family Name
Month	Day	Year
State of Province		Country

Typewritten Full Name
of Fifth Joint inventor:

**Inventor's Signature:
**Date of Signature:

Residence: City

Citizenship:

Post Office Address:
(Insert Complete mailing
address, including country)

Given Name	Middle Initial	Family Name
Month	Day	Year
State of Province		Country

**Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application
to which it pertains.